

Foster Family Home - Corrective Action Report

Provider ID: 1-140002

Home Name: Marites Barit, NA

94-1168 Limahana Street

Waipahu

HI 96797

Review ID: 1-140002-6

Reviewer: Angelica Galindo

Begin Date: 11/26/2018

End Date:

12/14/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/26/18. Corrective Action Report issued during home visit with all items due to CTA by 12/26/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Client Care and Services

[17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) - No RN delegations present in home binder for Nasal Spray for Client #1 for CG#1, CG#2, CG#3, CG#4, and CG#5

Foster Family Home

Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - Medication discrepancy for Client #1- 1 medication prescription label did not match medication administration record.

Angelica Galindo, RN
Compliance Manager

Marites Barit
Primary Care Giver

11/26/18
Date

11-26/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Manites Barit
CCFFH Address: 94-1168 Limahana St.
Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43. c.3	RN delegation was done for CG#1, CG#2, CG#3, CG#4, CG#5 by client's CMA. It was placed into the client record.	11/28/18	Home will notify client's CMA that RN delegation needs to be performed within 30 days of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.
52. d.5	Medication discrepancy was corrected by client's CMA CG#1 on client's medication administration record.	11/28/18	CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, pharmacy and/or doctor if they are different.

Primary Caregiver's Signature: Manites Barit

Print Name: MARITES BARIT

Date of Signature: 11/28/18